



EM 216751263 US



UNITED STATES POSTAL SERVICE®

Mailing Label

Label 11-F, April 2004

Post Office To Addressee

## ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee Insurance Fee \$ \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

☐ **WAIVER OF SIGNATURE (Domestic Mail Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature \_\_\_\_\_

## CUSTOMER USE ONLY

## METHOD OF PAYMENT:

Express Mail Corporate Acct. No. **X926624**Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE **949 724 1255**

**RUSSO & DUCKWORTH**  
**9090 IRVINE CENTER DR**  
**IRVINE CA 92618-4658**

277-P-32-US Scott  
 Issue FEE & Resp 2 ntc 2 file  
 corrected papers

TO: (PLEASE PRINT)

PHONE ( )

Mail Stop Issue Fee  
 P.o.Box 1450  
 Alexandria, VA 22313-1450

FOR PICKUP OR TRACKING: Visit **www.usps.com** or Call 1-800-222-1811

42/ 200

F:02 I:

No. 9012 Patent receipt card, 9-02

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- ☐ Check No. \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Con. Doc. \_\_\_\_\_
- ☐ Resp. to O.A. \_\_\_\_\_
- ☒ Fee Issue & check \$755.00
- ☐ Power of Att. \_\_\_\_\_
- ☐ Appeal Brief \_\_\_\_\_
- ☐ Notice of Appeal \_\_\_\_\_
- ☒ Drawing resp 2 ntc 2 file corrected..
- ☐ Assignment \_\_\_\_\_
- ☐ Filing Date \_\_\_\_\_
- ☐ New Application \_\_\_\_\_

The date stamp of the Patent &amp; Trademark Office hereon confirms the date the following was received.

Docket No. **277-P-32-US** Scott  
 Serial/Patent No. \_\_\_\_\_

PTO: Please stamp and return.

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